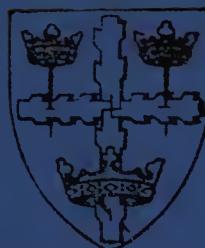


BOROUGH OF



COLCHESTER

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW

M.D., B.S., London ; M.R.C.S., England ;
L.R.C.P., London, D.P.H.

MEDICAL OFFICER OF HEALTH

PORT MEDICAL OFFICER

DIVISIONAL SCHOOL MEDICAL OFFICER

AREA MEDICAL OFFICER

CONSULTANT IN INFECTIOUS DISEASES

MYLAND HOSPITAL, COLCHESTER

1957

8.10.58

Mr B. J.

BOROUGH OF



COLCHESTER

BOROUGH AND PORT HEALTH COMMITTEE, 1957

THE RIGHT WORSHIPFUL THE MAYOR

COUNCILLOR C. E. WHEELER

Chairman :

COUNCILLOR I. T. BROWN

Deputy-Chairman :

COUNCILLOR MRS. G. B. ENOCH

Members :

ALDERMAN MISS K. E. SANDERS, A.R.R.C., J.P.

COUNCILLOR BRIGADIER D. F. PANTON, C.B.E.

COUNCILLOR E. J. CHANT

COUNCILLOR C. W. PELL

COUNCILLOR MRS. L. FRENCH

COUNCILLOR MRS. E. H. SWAN

THE HEALTH DEPARTMENT, 1957

PART-TIME STAFF

Medical Officer of Health, etc. :

JOHN D. KERSHAW, M.D., B.S.(LOND.), D.P.H.

Assistant Medical Officers :

ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P., D.C.H.

R. E. BARRETT, M.B., B.S., D.T.M. & H., D.P.H.(LOND.)

Veterinary Surgeon :

C. T. MURPHY, M.R.C.V.S.

Public Analyst :

J. E. WOODHEAD, B.Sc., F.I.C., Ph.C.

WHOLE-TIME STAFF

Senior Public Health Inspector :

†* L. H. ENGLAND

Deputy Senior Public Health Inspector :

†* O. R. WARNER

Additional Public Health Inspectors :

†* C. J. JACOBI †* D. H. POOLE

†* E. H. LAND † A. T. G. PEPPER

† Sanitary Inspector's Certificate.

* Meat Inspector's Certificate.

Clerks :

R. D. SARGEANT, A.C.C.S.

L. G. NICHOLLS M. ROWLAND

*Disinfecto*r :

A. E. CUDMORE

Rodent Operators :

T. E. CROWE, W. CHAPMAN

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.

Septembcr, 1958.

MADAM MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the health of the Borough of Colchester for the year 1957.

Vital Statistics

The year's statistics again give cause for satisfaction. The birth rate is 16.4 as against last year's 15.67 and this figure is slightly above the birth rate for the country as a whole. The death rate has fallen from 10.7 in 1956 to 9.7 in 1957, and compares favourably with the National death rate of 11.5. In expressing satisfaction with last year's low infant mortality rate of 16.5, I indicated that we could not expect to reach a figure as low as this as a regular thing, and there is surprise mixed with my pleasure when I report that in 1957 the infant mortality rate was only 14.9, as compared with 23.0 for the country as a whole.

At the other end of life Colchester seems to maintain its good record, since although the number of deaths of persons over 70 is smaller, the number of total deaths is also substantially smaller. The general picture given by the statistics is one of a healthy town, and I hope that this will continue to be the case.

Infectious Disease

The total number of cases of infectious disease notified was 858 as against 377 in the previous year. This was accounted for very largely by a substantial epidemic of measles which produced 573 notified cases and an outbreak of poliomyelitis with 73 cases. The measles was fortunately of a mild type and only six cases were admitted to hospital. The poliomyelitis outbreak, the biggest in the town's history, was of such importance that I have referred to it at length in another section of the report. There was some increase

in the number of new male tuberculosis cases, but this is to be ascribed to the recent success of mass miniature radiography and other diagnostic methods.

Food Hygiene

This subject is clearly going to be responsible for some comments in my Annual Reports for a long time to come. We are certainly making progress in the education both of individual food handlers and of the firms responsible for food shops, but we are far from that automatic appreciation of the importance of cleanliness which ought to be the rule. With certain exceptions, whenever this Department has occasion to criticise food handling methods or bacterial contamination is reported in a sample from a food store, the firm concerned is eager to co-operate and some firms indeed have gone to a great deal of trouble to play their part in investigations into the possible causes of the trouble. Unfortunately, it is not quite enough to be wise after the event ; the lapses ought not to have occurred in the first place and they have usually been due to some perfectly simple and avoidable piece of carelessness or thoughtlessness which could have been anticipated and prevented by even a lay person with the right outlook.

There are, however, some regrettable instances in which co-operation is not what it might be. Anyone familiar with the town knows that there are certain fish shops which follow the old British tradition of exposing fish for sale on open slabs which extend to within a few inches of the pavement and are obviously exposed to road dust on a large scale. Not very long ago a case of food poisoning was reported and investigation showed that it had been caused by the eating of fish roes. Investigations at the shop where the roes had been purchased showed that other fish exposed on the slab had been contaminated with bacteria similar to the ones which had caused the poisoning. Further investigations at the shop indicated that the general bacterial contamination of the fish increased between the beginning of the morning when it was first put out on the slab and noon, and it also appeared from the investigation that among the bacteria which reached the fish in this way were the very ones which had been responsible for the case of food poisoning.

The Department communicated with the firm concerned but certainly found no disposition to treat the matter as urgent. There was, in fact, a tendency to dismiss the whole business as of no consequence, but eventually the firm conceded that it was about to carry out radical modifications at the shop concerned. A year later there is no sign of the radical modifications, but I still hope that they may be done in the course of the next year. When large commercial concerns adopt this sort of attitude the Health Department is not encouraged to press smaller concerns to comply with hygienic standards. Two recent decisions by courts in actions brought by Local Authorities against fishmongers give little ground

for comfort, since even the courts apparently consider that there is nothing wrong in leaving fish exposed to dust, flies, the coughs of customers and other contamination which is likely in a modern town. All the more credit, therefore, is due to those fishmongers in the town, some of them operating quite small shops, who have appreciated the risks and have brought their fish inside the shop and protected it from contamination. Perhaps if the public would show common sense and go to the shops which protect fish rather than to leave it unprotected, the situation might improve—there is no doubt that in countries where the public is hygiene conscious and asks that its food should be handled hygienically, the shops quickly meet the public demand. In the United States and Scandinavian countries for example, the lack of hygiene in some of our food shops would not be tolerated for a moment. The new legislation has helped and is helping, but does not go anything like far enough. I have mentioned the exposure of fish, and to this one might add as points needing urgent action the carrying of uncovered meat from delivery vans across the pavement into the butchers' shops, the lack of adequate protection of meat in the shops and the refusal of bakers and confectioners to wrap their products in more than a derisory square of porous paper. On the credit side the new self-service shops are compelling the pre-packing of some of the foods which are most likely to become contaminated, and although the pre-packing is done for reasons of business convenience rather than hygiene, hygiene is a useful by-product.

Housing

The effect of recent legislation regarding rent and repairs has had very much the effect that we had expected. More repairs and renovations are being done, with the result that certain houses in the borderline class are not deteriorating as fast as we had originally thought they would. There is, however, a limit to what patching will do and it can never turn back the clock and make a worn-out house into a new one. As I have said before this is not solving our slum clearance problem ; it is simply postponing the date when a solution will have to be found. It has once or twice happened that the proposal to make a closing or demolition order on an unfit house has stimulated the owner to produce a scheme for radical repairs which would make it fit for habitation, but this does not happen unless there are some special considerations, in the way of advantages not to be measured in cash, which make an apparently unreasonable expense seem in practice a reasonable proposition. The least satisfactory result of the new legislation has been that in certain houses whose fitness for habitation was in doubt partly because of dilapidations and partly because of their bad situation or bad arrangement, the owners have spent money in carrying out considerable repairs. These particular houses cannot and never will be satisfactory dwelling-places by modern standards and would be far better out of the way, but the repairs which have been done and the amount of money which has been spent on them will make

it more difficult to deal with them in the only really satisfactory manner.

The year has seen the beginning of work on the "Dutch Quarter" scheme, a project which has been of special interest to the Health Department ever since its inception. The results obtained on the first houses dealt with have quite justified initial optimism in providing sound and attractive houses in a part of the town where good houses were needed, at a cost which compares quite favourably with new building, and the aim of preserving an important part of historic Colchester is being fully realised. I understand that by the end of 1958 it is expected that more than fifty houses will have been dealt with under the scheme and if the supply of ancient houses in that quarter of the town should be exhausted it will not be difficult to find others equally suitable for the purpose. The work has in some cases involved almost complete reconstruction of the house and has repeatedly proved the value and the durability of the timber framing construction used by our ancestors. It is a type of work which cannot be mass-produced, since every house presents its own special problems of technique, but it is obvious that to the work the housing construction unit has brought not only keenness and craftsmanship but that quality so rare in modern house-building, imagination. It is not surprising that the scheme has aroused interest and enthusiasm well outside Colchester and even outside Essex, for it is indeed uncommon to find utility and aesthetics, progress and respect for the past, a health department's zeal for hygiene and a finance department's economic prudence all fitting into one harmonious pattern.

General

The year has been a busy and eventful one and it will take little effort to imagine how much extra work for staff was entailed by the poliomyelitis outbreak. That this extra work was carried out without any diminution of the routine work of the Department and that even an expansion of some parts of the work was possible, is something for which I cannot sufficiently highly thank those who took part. From April to September official office hours ceased to have their general meaning and everybody put in extra effort with cagerness and zest. I have spoken in previous reports of the good relations which exist between this Department and others and, of course, between the Department and medical and other workers outside. It is when an emergency arises that relationships are tested and that ours stood the test is a matter for satisfaction, though I hope it will not tempt us into too much complacency.

I remain, Madam Mayor, Ladies and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1957

A Report as directed by Circular 1/58 of the Ministry of Health

STATISTICAL SUMMARY

Population (R.G. Estimate) with Military (at 30/6/57) 63,380
 (Census 1951, 57,449)

Area	12,037	acres
Number of inhabited houses (Census 1951) ..	15,069	
Number of inhabited caravans (Census 1951) ..	69	
Rateable Value (1/4/57)	£721,788	
Product of a penny rate	£3,192	
Birth Rate (956 legitimate births, 52 illegitimate)		
	(Corrected)	16·4
	(Crude)	15·9
„ „ England and Wales	16·1	
Stillbirths (24) Rate per thousand live and stillbirths	23·3	
„ „ England and Wales	22·4	
Death Rate per 1,000 of the population (Corrected)	9·7	
	(Crude)	11·51
„ „ England and Wales	11·5	
Percentage of total deaths occurring in Public Institutions	55·6	
Women dying in, or in consequence of, childbirth	Nil	
Infantile mortality rate per 1,000 related live births-		
Legitimate (13 deaths), 13·6. Illegitimate (2 deaths), 38·6. Total (15 deaths)	14·9	
Infantile Mortality Rate , England and Wales ..	23·0	
Pulmonary Tuberculosis Death Rate	0·06	
Other Tuberculosis Diseases Death Rate	0·00	
Cancer Death Rate	1·84	
Neonatal Death Rate (13 deaths)	13·6	
Neonatal Death Rate , England and Wales ..	16·5	

DEATHS OF CIVILIAN RESIDENTS, 1957

<i>Cause of Death.</i>		<i>M.</i>	<i>F.</i>	<i>Total.</i>
Respiratory Tuberculosis ..	..	3	1	4
Syphilitic Disease ..	..	—	1	1
Acute Poliomyelitis ..	..	1	1	2
Infective or Parasitic Disease ..	..	2	1	3
Cancer, Stomach ..	..	2	6	8
„ Lung, Bronchus ..	..	18	5	23
„ Breast ..	..	—	11	11
„ Uterus ..	..	—	3	3
„ Other sites ..	..	33	37	70
Leukæmia ..	..	2	—	2
Diabetes ..	..	2	3	5
Vascular Lesions, Nervous System ..	..	45	49	94
Coronary Disease, Angina ..	..	66	59	125
Hypertension with Heart Disease ..	..	7	8	15
Other Heart Disease ..	..	52	93	145
Other Circulatory Disease ..	..	8	16	24
Influenza ..	..	7	4	11
Pneumonia ..	..	14	8	22
Bronchitis ..	..	21	3	24
Other Respiratory Diseases ..	..	1	1	2
Ulcer of Stomach and Duodenum ..	..	5	—	5
Gastritis, Enteritis and Diarrhœa ..	..	—	2	2
Nephritis and Nephrosis ..	..	4	5	9
Hyperplasia of Prostate ..	..	9	—	9
Pregnancy, Childbirth, Abortion ..	..	—	—	—
Congenital Malformations ..	..	7	4	11
Other defined diseases ..	..	28	42	70
Motor Vehicle Accidents ..	..	2	2	4
All other Accidents ..	..	11	8	19
Suicide ..	..	4	3	7
		354	376	730

1957. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male	108	52	7	167
Female	108	105	14	227
Total	216	157	21	394

Four persons were aged 90, four aged 91, one aged 92, five aged 93, one aged 94, two aged 95, and one each aged 96, 98, 99 and 100. The oldest man reached 93. The number of deaths of aged persons is much lower than in 1956 but the total deaths for the year are less also.

LABORATORY, 1957

Specimen and Examination.	Positive.	Negative.	Total.
Urine, abnormalities	7	341	348
Meat Pie ? Pathogens	—	1	1
	7	342	349

In addition 129 samples of water were bacteriologically examined, and 3 for presence of metals. Two samples were free but the other contained excess iron.

	Samples	Satisfactory	Unsatisfactory
Town Water Supply ..	129	129	—

Seven samples of well waters were submitted to the Counties Public Health Laboratory for chemical analysis. Three were satisfactory, one of poor organic quality, and three contained an objectionable amount of nitrate contents in the event of the water being used to prepare infant feeds, otherwise being considered satisfactory.

Examinations by the Public Health Laboratory Service (Ipswich) numbered 28 Bacteriological (21 satisfactory and 7 unsatisfactory).

Ten of those satisfactory were from the new 18in. trunk main section between Cowdray Avenue and Balkerne Works (4) in connection with the Stour Valley Water Supply Scheme, and six from Horkesley Service Reservoir tanks.

NURSING HOMES

General and surgical beds available are 22.

There are three Homes registered in the Borough.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during the Year 1957

(Civilian and Military Cases)

Disease	Total Cases Notified	Total Cases in Age Groups											Cases admitted to Hospital
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	
Acute Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	1
Typhoid Fever	1	—	—	—	—	—	—	—	—	1	—	—	1
Acute Poliomyelitis	73	—	4	9	6	4	23	9	3	12	3	—	70
Meningococcal Infection	1	—	—	1	—	—	—	—	—	—	—	—	1
Pneumonia	58	—	—	1	1	—	—	7	1	2	11	13	15
Dysentery	9	—	—	—	—	—	—	2	1	—	1	5	—
Puerperal Pyrexia	21	—	—	—	—	—	—	—	5	14	2	—	—
Erysipelas	5	—	—	—	—	—	—	—	—	—	1	4	—
Malaria	1	—	—	—	—	—	—	—	—	1	—	—	1
Scarlet Fever	12	—	1	1	1	2	4	2	—	—	—	1	2
Infectious Hepatitis	15	—	—	—	1	—	4	3	1	6	—	—	10
Food Poisoning	7	—	—	—	—	1	—	—	2	—	1	3	—
Measles	573	10	44	78	64	86	277	10	3	1	—	—	6
Whooping Cough	81	11	4	11	14	9	31	1	—	—	—	—	2
Totals	858	21	54	101	87	102	348	27	16	47	25	23	7
													121

Deaths from notified diseases : Pneumonia 8. Acute Poliomyelitis 2.

Deaths from unnotified diseases : Pneumonia 16, Acute Encephalitis 1.

Total deaths from infectious diseases : 27.

Percentage of cases treated in Hospital—14·1 per cent.

POLIOMYELITIS IN COLCHESTER, 1957

Total ascertained cases involved : 73

Paralytic, 53. Non-Paralytic, 20.

Duration of outbreak, February 14th to September 22nd.
(7 months approx.)

Fatal cases ..	..	2	Female cases ..	..	33
Male cases ..	..	40	Female deaths ..	..	1
Male deaths ..	..	1			

Oldest male case 35 years. Oldest female case 44 years.

Age groups of cases :

Aged 1 year ..	..	4	Aged 10-14 years ..	..	9
Aged 2 years ..	..	9	Aged 15-19 years ..	..	3
Aged 3 years ..	..	6	Aged 20-24 years ..	..	4
Aged 4 years ..	..	4	Aged 25 and over ..	..	11
Aged 5-9 years ..	..	23			

It will be seen from this that 5-9 years suffered most, and rather surprisingly the second largest group was the over 25's. No children died ; deaths consisted of a woman of 23 years and an officer of the same age.

Both these deaths were of cases in the first two months of the outbreak. It cannot be said, however, that these cases were more severe generally than the later ones. The circumstances of physical strain in the individuals who died could have been the factor which pre-disposed to death. Both had histories of long hours of toil during the early stages of the illness, one for the stocking and arranging of a new shop venture, the other from the exertion of manoeuvres for which he was not fit.

Rough divisions of the town give the location of cases as under :

Hythe, 13 ; Monkwick Estate, 23 ; Harwich Road area, 6 ; Central area, 14 ; Shrub End, 7 ; Military Quarters, 5 ; Barn Hall, 4 ; Lexden, 1.

Cases admitted to I.D. Hospital, Colchester ..	..	68
Cases admitted to I.D. Hospital, Portsmouth ..	..	1
Cases admitted to Essex County Hospital ..	..	1
Cases nursed at home .. .. .. .. ..	..	3
Cases transferred to Black Notley Hospital from I.D. Hospital .. .. .. .. ..	..	8
Cases transferred to Rush Green Hospital, Romford, from I.D. Hospital .. .. .. .. ..	..	2
Cases transferred to Rush Green from Essex County Hospital .. .. .. .. ..	..	1

During the course of the outbreak many suspected cases were investigated and 17 of these were removed to hospital until diagnosis could be certain.

The most disturbing condition simulating the disease was encephalitis following mumps. Osteomyelitis, Perthe's Disease, and rheumatism produced ambulant difficulties thought at first to be Polio and respiratory signs resolved themselves in some cases into Chicken-pox, Measles or other infections. Minor infections were prevalent during the outbreak, particularly Measles and Mumps.

The first case of the outbreak in Colchester occurred on February 14th, but after that there was a substantial gap before any others were notified, and it was in fact the middle of April before it could be said that a true epidemic had begun in the town. It was not possible to trace any connection between the February case in Colchester and the next confirmed case on April 15th, so it may fairly be assumed that the main outbreak in Colchester spread from the earlier outbreak in Brightlingsea. The Brightlingsea outbreak was one of exceptional infectivity with approximately one case per hundred population, and in view of the way in which Brightlingsea residents shop, work and attend school in Colchester it was obviously only a matter of time before the spread took place ; no measures could have prevented it short of the completely impractical one of putting the whole of Brightlingsea in quarantine. It was also plain that if the Brightlingsea infection came to Colchester we could expect a considerable number of cases. If the Brightlingsea attack rate were repeated in Colchester it would produce over 600 cases, and although this was not very likely, the town might very well have to be prepared for anything up to 200 cases. It was also probable that if the infection reached Colchester it would be likely to spread out from Colchester in various directions to the other towns and to the villages of North-East Essex. The problem, therefore, was to keep down the spread in Colchester to the lowest practicable figure and to find as many ways as possible of reducing the risk of spread from the town to unaffected places.

Arrangements were made with the Hospital Management Committee to increase the number of available hospital beds. The local general practitioners were informed of the possibilities and a meeting was held at which questions of early diagnosis and treatment were discussed in order that cases should be diagnosed and isolated in hospital as quickly as possible. We were, therefore, prepared when the Colchester outbreak started, and I should like to congratulate and thank the general practitioners for their help. Naturally we preferred to admit suspected cases rather than leave them at home, and as the summary indicates quite a number of suspected cases were taken into hospital. That is a normal risk and one worth taking, even though it threw extra strain on the hospital staff. It certainly had the effect of reducing the number of "missed" cases, and so far as it is possible to estimate not more than five cases which

could have been diagnosed were in fact missed or diagnosed so late that they might have spread infection.

Immediately poliomyelitis was suspected in a household the house was visited by a Public Health Inspector or Health Visitor and full particulars were taken including the names and addresses of contacts, the contacts being followed up without delay. The family in which the case had occurred was placed on "house and garden" quarantine for three weeks, the effect of which was that the children and all the members of the family not working were confined to the house and garden, while the mother left the premises only for essential shopping. To have excluded all the adult members of the family from work would have caused a good deal of unnecessary disorganisation and since on the whole adults are less susceptible than children, the majority of working adults were allowed to continue their work. Where their work was such as to bring them in contact with children or involved food handling or distribution they were forbidden to work. In other cases the employer was informed that the worker was a contact and if for any reason he preferred that the worker should stay at home the responsibility was his. There were a few instances where alarm on the part of other workpeople caused employers to take this rather drastic step. In general the house and garden quarantine was loyally observed. A few families tended to be a little careless, but their neighbours exhibited such strong disapproval that the carelessness soon stopped.

It was obviously desirable to do whatever could be done to prevent children in particular living in a part of the town where the disease was prevalent from mixing with children from other parts of the town and, of course, to reduce the risk of children from outside Colchester mixing with Colchester children who might be carrying infection. From this point of view the most dangerous mixing place was undoubtedly the Saturday morning children's cinema matinee which is regularly held by three local cinemas. I felt at the outset that I should be more comfortable if these matinees were discontinued, but until there was a substantial indication of infection in the town I had no legitimate grounds for instructing the managers to close down on Saturday mornings. This difficult problem proved in practice not to be difficult at all—the managers of the three cinemas concerned came spontaneously to see me, told me that they realised the potential danger and offered to discontinue the matinees as soon as I wished and not to resume them until I was satisfied that it was safe. This exceedingly public-spirited offer I accepted at once and I have no doubt at all that the managers' ready practical help in this way was a principal means of helping to keep the outbreak within reasonable bounds.

The Parks Committee early asked for guidance on the question of the bathing pool and the paddling pool. There is no evidence whatever that poliomyelitis infection has ever been transmitted by the water of a properly conducted public swimming pool and the high standard of purity of the Colchester pool made me sure that there would be no risk in this direction. Furthermore, if the

swimming pool was closed or even if young people were excluded from it children, being children, would get their bathing somewhere else, in the river or in less hygienic stagnant pools where real risk of infection might lie. No action therefore was taken to close the swimming pool. The paddling pool, however, where the water is not chlorinated and where children from all over the town and surrounding areas gather in considerable numbers in fine weather was a different matter. When the epidemic began the pool had not been opened for the season, and I advised that it should not be opened.

School closure is not a measure to be adopted in a hurry in epidemics of this kind. In schools the children are together under supervision in reasonably hygienic surroundings, while if the schools are closed they will still get together, but not under supervision! The schools agreed to abolish regular assembly for the duration of the epidemic and undertook to hold prayers in the classrooms so that the children did not mix indoors in groups larger than single classes, thus ensuring that the number of contacts of a child carrying infection would be limited. In order to restrict the mixing of children from different parts of the town, any function organised by or through the schools which would bring together children from different schools or would bring out-of-town children into Colchester, were cancelled or postponed until after the epidemic ; similarly school excursions and journeys which would involve the mixing of children from different schools or take Colchester children into contact with children elsewhere were suspended. Various voluntary youth organisations asked my advice regarding functions which they proposed to hold and were advised on the same lines, namely not to hold any functions which would bring together as a group children who were not already in contact with each other either in the same school or in the same immediate neighbourhood. Various adult organisations also asked for guidance, but in general they were not advised to upset plans which they had for purely adult gatherings. A considerable number of queries were received from individuals and bodies from various parts of the country and abroad, who were planning to visit Colchester, and the advice given was adapted to the particular needs of each case.

The total number of confirmed cases in the town—73—was less than I had feared and indeed better than I had dared to hope. No district of the town escaped scot-free, but the figures in the summary encourage me to feel that the policy of isolating the schools from each other and reducing the mixing of children did in fact prevent some districts from suffering as badly as others. More gratifying is the fact that there was no evidence of the spread of the disease outward from Colchester. Halstead escaped almost scot-free and Clacton had only a handful of cases, most of which occurred in visitors who had been infected before they came to Clacton. Few of the villages had more than one or two cases.

The behaviour of the public was such as to reflect considerable credit on the North-East Essex character. There was alarm and

concern and rumour spoke with all her tongues, but there was no sign of panic and the advice of the family doctor, the Health Department's officers, the health visitors and the teachers was regularly followed. The local Press was in general extremely helpful, printing factual statements and being invaluable in disseminating advice. Exceptions were newspaper stories which spoke of Colchester being "surrounded by poliomyelitis" at a time when the only confirmed cases had occurred in Brightlingsea and of "new cases being notified daily" at the end of a week which had produced a total of three notifications! These attempts to increase sales by alarmist methods were less consistent with the tradition of the local press than with the behaviour of the less responsible sections of the national press, which with its usual nose for exciting news stories, succeeded in magnifying minor issues into major ones. These less-satisfactory aspects of newspaper work were, however, very much in the minority and did not upset the public.

I must conclude my comments by thanking everyone who helped to deal with the epidemic. The Public Health Inspectors in particular shouldered a great deal of extra work and did it with the most painstaking thoroughness, particularly where the investigation of contacts was concerned, while the other members of the Health Department staff, both Borough and County officers, cheerfully accepted extra work and did it well. I have already commented on the watchfulness and good co-operation of the general practitioners, and I should like to include a word of thanks to all the teachers of the town upon whom the epidemic and the steps which were taken to control it brought a good deal of inconvenience and anxiety. I must add a final commendation to the nursing staff of the poliomyelitis wards at Myland Hospital. Not only did they accept overwork with alacrity, but they maintained an almost unbelievably cheerful atmosphere in the wards, a factor which is of paramount importance if treatment is to produce good results. One gentleman of the Press who went to the hospital in the hope of going back with a story of grief, despondency and tragedy told me that the children looked much more as if they were in a holiday camp than in a hospital and that their news value was thereby considerably diminished!

There is every reason to expect that this will be the last major epidemic of poliomyelitis that Colchester will ever have to face, because vaccination against the disease has already made such progress that infection would have difficulty in spreading at all widely, and in the course of another ten years the disease may be almost as rare as diphtheria. The outbreak was not a pleasant experience for anyone, but it could have been a great deal worse—the fact that it was not and that Colchester never reached the headlines of the national press on the same scale as certain other towns with fewer cases was partly due to luck, but not least due to the fact that the town, and particularly those people in a great many walks of life who had responsible parts to play, kept cool and got on with the job. There is a moral in all this which I do not need to underline.

Tuberculosis

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 .. ..	..	1	..	..	..	..	..	..
1 .. ..	..	..	..	..	..	..	..	..
2-4	1	..	..	..	..	..	..	..
5-9 .. ..	..	1	..	1	..	..	..	..
10-14	1	..	..	..	..	..	..	..
15-19	1	1	..	..	..	..	..	..
20-24	2	..	1	..	..	..	..	..
25-34	6	3	1	1	..	1	..	..
35-44	3	2	..	..	..	..	..	..
45-54	3	..	..	..	..	..	..	..
55-64	4	2	1	1	2	..	..	..
65 and upwards	1	..	..	1	1	..	..	..
Totals	22	10	3	4	3	1	..	..

Tuberculosis Register

		1954	1955	1956	1957
Pulmonary Cases .. ..	..	297	311	315	310
Other Forms of Tuberculosis .. ..	..	54	36	37	34

*Prevention and Treatment of Tuberculosis.
Section 172, Public Health Act, 1936.*

*Prevention and Treatment of Blindness.
Section 176, Public Health Act, 1936.*

*National Assistance Act, 1948.
Section 47.*

Two cases were dealt with during the year. Both were women, one prematurely senile and incapable, living in insanitary conditions and much self-neglect, and the other elderly and almost totally bedridden as the result of an injury to her leg and by reason of age (84) in need of urgent institutional care.

Both were removed to St. Mary's Hospital, Colchester. The older woman was transferred to Myland Hospital, where she died on 7th November. The other case was transferred to St. Allbrights Hospital, near Colchester, in June, and at the end of the year was still there. It is likely she will stay, as the nephew with whom she lived died shortly after she was removed to hospital.

COLCHESTER CREMATORIUM

This opened on 16th December, 1957, with M.O.H. as Medical Referee and his two assistants as deputies.

Number of deaths occurring in 1957 for which certificates were examined and Form F issued :

Residents 14. Non-Residents 20. Total 34.

Essex County Council Act, 1933.

Eight establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951

Five sets of premises were registered as at 1/1/58.

HOUSING APPLICATIONS, 1957

* Number of persons seeking re-housing supported by medical certificates	122
Number of such cases re-housed during year	106
*Group 1 (56), Group 2 (43), Transfers to other Council House accommodation (23).	

MEDICAL EXAMINATIONS OF BOROUGH EMPLOYEES FOR SUPERANNUATION OR FOR ROAD TRAFFIC ACT PURPOSES DURING 1957

Primary Examinations	88	passed, nil failed
Examinations after absences ..	6	
Examinations for commuting pension ..	1	
Examinations for other authorities ..	4	

SANITARY CIRCUMSTANCES OF THE AREA

The main sewerage work carried out in 1957 was the camp sewer overflow in Rosebery Avenue to relieve flooding in the Brook Street and East Bay area. In addition a small storm overflow was constructed in the Ipswich Road to relieve flooding near the Dilbridge Road junction. Catchpits at various points have been constructed to prevent silting in the main sewers.

Two new Cesspools were authorised to be built by the Borough Engineer's Department during the year, and two were done away with.

One new well was constructed in the Layer-de-la-Haye Road.

Water.

The consumption per head per day, including water supplied to the Military, was 39.10 gallons. The length of pumping distribution mains is 122.887 miles. There are 558 metered supplies of water.

Refuse Collection and Disposal.

No changes in this service during the year.

SANITARY INSPECTION

General Summary of Work carried out by Public Health Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	2,672
Defects remedied	1,829
Factories and Workshops inspected	379

Housing.

Sinks, Waste Pipes, etc., provided or renewed	19
Floors or walls or ceilings repaired	170
Doors or windows provided or repaired	261
Ovens or firegrates repaired or renewed	15
Stairs repaired	3
Rooms cleansed	117
Roofs repaired (including rain-pipes and gutters)	136
Chimneys repaired or renewed	24
Damp houses remedied	42
Yards paved or repaired	6
Other housing repairs	29

Drainage.

Repairs and improvements	273
Water Closets provided or repaired	129
Cesspools : abolished (-), provided (-), repaired (-) ..	—

Other Sanitary Work.

Under Shops Act	9
Under Factories Act	76
Under Food and Drugs Act	408
Houses disinfected	16
Clothing and other articles disinfected	1,854
Well water sampled	24
Dustbins provided	23
Re-visits in connection with Sanitary Notices	4,811
Offensive accumulations removed	5
Matters referred to other Departments	214
Other nuisances or matters attended to	33

FACTORIES ACT, 1937

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	47	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	372	369	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ..	419	379	6	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remained died	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	3	2	—	2	—
(b) unsuitable or defective ..	11	21	—	2	—
(c) not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	14	23	—	4	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110		Section 111		Prosecutions
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	
Wearing apparel	48	—	—	—	—
{ Making, etc. ..	—	—	—	—	—
{ Cleaning and washing ..	—	—	—	—	—
Household linen ..	3	—	—	—	—
Lace, lace curtains and nets ..	—	—	—	—	—
Curtains and furniture hangings ..	10	—	—	—	—
Furniture and upholstery ..	3	—	—	—	—
Electro-plate ..	—	—	—	—	—
File making ..	—	—	—	—	—
Brass and brass articles ..	—	—	—	—	—
Fur pulling ..	—	—	—	—	—
Iron and steel cables and chains ..	—	—	—	—	—
Iron and steel anchors and grapnels ..	—	—	—	—	—
Cart gear ..	—	—	—	—	—
Locks, latches and keys ..	—	—	—	—	—
Umbrellas, etc. ..	—	—	—	—	—
Artificial flowers ..	—	—	—	—	—
Nets, other than wire nets ..	—	—	—	—	—
Tents ..	—	—	—	—	—
Sacks ..	—	—	—	—	—
Racquet and tennis balls ..	—	—	—	—	—
Paper bags ..	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ..	—	—	—	—	—
Brush making ..	—	—	—	—	—
Pea picking ..	—	—	—	—	—
Feather sorting ..	—	—	—	—	—
Carding, etc., of buttons ..	—	—	—	—	—
Stuffed toys ..	—	—	—	—	—
Basket making ..	—	—	—	—	—
Chocolates and sweetmeats ..	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ..	—	—	—	—	—
Textile weaving ..	—	—	—	—	—
Lampshades ..	—	—	—	—	—
Total ..	64	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD

					Number.	Inspections.
Gut Scraper	..	..	..	..	1	2
Tallow Melter	..	..	..	..	1	6
Rag, Bone and Skin Dealer	..	..	..	..	5	5
Bone Boiler	..	..	..	..	1	6
Tripe Boiler	..	..	..	..	1	12
	Total	..	..	..	9	31
Horse Slaughterer	..	..	..	..	1	6

These occupations have been carried out satisfactorily and no complaints have been received during the year.

COMMON LODGING HOUSE

There is one Common Lodging House in the Borough, providing accommodation for 27 lodgers. Inspections have been made on various occasions and cleansing and maintenance have been attended to satisfactorily.

ERADICATION OF BED BUGS

Dwelling Houses Infested—Council Nil, Others 10	10
Dwelling Houses Disinfested—Council Nil, Others 10	10
Rooms in these—Infested and Disinfested	35

In addition 11 dwelling houses, including two Council houses, were treated for the eradication of fleas.

Disinfestation of dwelling houses is carried out free of charge.

RATS AND MICE

During the year 4,669 inspections and re-inspections were made by the Rodent Operators.

Two hundred and ninety-five complaints of rat infestation were received and dealt with and altogether some 525 premises were cleared during the year.

The public sewers were treated during the year and poison laid in those manholes where takes of pre-bait had been recorded. Forty-one manholes were poison baited as a result of the treatment.

LEGAL PROCEEDINGS

Proceedings were taken against owners in two instances for failing to comply with the requirements of Statutory Notices. In one case a Nuisance Order was made and in the second case an adjournment was obtained on the information that the work would be put in hand forthwith.

Action was also taken against an owner for re-letting rooms in a house upon which a Demolition Order was operative. The owner was fined £5 with £2 5s. costs.

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair.

Number of applications for certificates	60
Number of decisions not to issue certificates	Nil
Number of decisions to issue certificates	58
(a) in respect of some but not all defects	31
(b) in respect of all defects	27
Number of undertakings given by landlords under paragraph 5 of the First Schedule	28
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
Number of Certificates issued	17

Part II—Applications for Cancellation of Certificates.

Application by landlords to Local Authority for cancellation of certificates	Nil
Objections by tenants to cancellation of certificates	Nil
Decisions by Local Authority to cancel in spite of tenants' objection	Nil
Certificates cancelled by Local Authority	Nil

INSPECTION AND SUPERVISION OF FOOD

The number of inspections of food premises and the improvements recorded are shown in the following table :

	<i>Premises</i>		<i>Inspections</i>
Slaughterhouses		1,173
Bakehouses		67
Dairies and Milk Shops		97
Provision Shops		331
Fish Shops—Wet		72
Fish Shops—Fried		52
Butcher's Shops		199
Hotels and Restaurants		177
Canteens and Hospital Kitchens		106

Repairs or improvements carried out :

Constant hot water supply provided	.. .. .. ..	19
Handbasins or sinks provided	.. .. .. ..	38
Walls—Repaired, decorated or cleansed	.. .. .. ..	62
Ceilings—Repaired, decorated or cleansed	.. .. .. ..	52
Floors—New, repaired, decorated or cleansed	.. .. .. ..	11
Roofs repaired	.. .. .. ..	4
Water closets—New, repaired or cleansed	.. .. .. ..	50
Water closets—“ Wash your hands ” notices	.. .. .. ..	12
Refuse receptacles provided	.. .. .. ..	22
Miscellaneous	.. .. .. ..	138

MEAT INSPECTION

There are five licensed slaughterhouses in the Borough, four of which are in regular use. The number of animals slaughtered again shows a slight increase over the previous year. All were examined for evidence of disease by the Public Health Inspectors.

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	4,846	50	348	8,016	9,333	—
Number inspected ..	4,846	50	348	8,016	9,333	—
All diseases except Tuberculosis and Cysticerci :						
Whole carcases condemned ..	—	—	—	11	13	—
Carcases of which some part or organ was condemned ..	878	4	—	14	346	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	18.12 %	8.00 %	—	.31 %	3.84 %	—
Tuberculosis only :						
Whole carcases condemned ..	2	—	—	—	1	—
Carcases of which some part or organ was condemned ..	118	4	—	—	161	—
Percentage of the number inspected affected with tuberculosis ..	2.47 %	8.00 %	—	—	1.73 %	—
Cysticercosis :						
Carcases of which some part or organ was condemned ..	3	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	3	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Parts of Carcasses or Organs Condemned

	Beasts including Cows	Calves	Sheep	Pigs	Total
	lb.	lb.	lb.	lb.	lb.
Parts of Carcasses	1,207	—	31	1,910	3,148
Organs	13,067	—	28	880	13,975

In addition to the above, 4 lb. of Imported Mutton was condemned.

The total weight of meat condemned as unfit for human consumption was :—

9 tons 1 cwt. 3 qrs. 4 lb.

Unsound meat was collected by a local firm engaged in the manufacture of commercial grease.

Type of Food.	OTHER FOOD INSPECTION						Weight in lb
	
Ham	244
Butter	29
Cheese	455
Sugar	26
Bacon	263
Sausages	147
Margarine	2
Fish	1,501
Bananas	360
Grapes	30
Brussels Sprouts	371
Tongue	7
Corned Beef	8
Prunes	30
Confectionery	14
Pears	45
Suet	24
Currants	7
Other Foods	19
							3,582

The total weight of meat and other foods listed above unfit for human food and condemned was :—

10 tons 13 cwts. 3 qrs. 2 lb.

In addition the following foods were condemned :

Tinned Milk	..	..	..	..	..	308	Tins
Other Tinned Goods	..	..	..	..	..	2,279	Tins
Packeted Foods	..	..	..	..	..	208	Pkts.
Bottled Foods	..	..	..	..	..	207	Bots.
Hamburgers	..	..	..	..	..	87	
Meat Pies	..	..	..	..	..	77	
Sponge Rolls	..	..	..	..	..	72	
Chicken Cutlets	..	..	..	..	..	44	
Cucumbers	..	..	..	..	..	14	
Chickens	..	..	..	..	..	24	
Winkles	..	..	..	..	..	1	Peck
Escallops	..	..	..	..	..	12	

All condemned food other than unsound meat was destroyed by the Cleansing Department.

MILK AND DAIRIES ORDERS AND REGULATIONS

There are 7 dairies and 37 distributors on the register, and during the year 97 inspections of premises were made.

Milk (Special Designation) (Raw Milk) Regulations, 1949-1954

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953

Licences issued for Sale of Graded Milk

Pasteurised	21
Tuberculin Tested	23
Pasteurised, Producer	2
Sterilised	1
Supplementary	17

Pasteurised and Sterilised Milk.

During the year 131 samples of pasteurised milk and 1 sample of sterilised milk were submitted for examination. One of the pasteurised samples failed to pass the Phosphatase test. This sample was followed up and subsequent samples proved satisfactory.

Of the 132 samples taken, 119 were of milk pasteurised in Colchester, the remaining 13 being of milk pasteurised or sterilised outside the Borough and brought in for retail sale.

MILK—BIOLOGICAL TEST

Thirteen samples of milk were submitted to the biological test for the presence of tubercle bacillus and all were negative.

FOOD AND DRUGS ACT, 1955

Samples	No. of Samples	Samples below Standard	Nature of Deficiency
Milk	35		
Tinned Cream	8		
Margarine	2		
Butter	8		
Lard	3		
Pork Dripping	1		
Cooked Sausages	1	1	See next page
Minced Pork	1		
Minced Chicken	1		
Shredded Beef Suet	3		
Pork Pies	1		
Currants	1		
Sultanas	2		
Creamed Rice	2		
Flour	3		
Mincemeat	5		
Ground Almonds	1		
Marzipan	5		
Marmalade	1		
Jam	5		
Soup	3		
Sauce	2		
Salad Cream	1		
Apricots	1		
Table Jelly	4		
Ice Cream	6		
Lemon Squash	1		
Orange Squash	1		
Lemon Juice	1		
Tomato Ketchup	2		
Vinegar	4	1	See next page
Curry Powder	2		
Tinned Garden Peas	1		
Saccharin	1		
Bread	3	2	See next page
Tinned Strawberries	1		
Pickle	1		
Fish Paste	1		
Fresh Fish Sticks	1		

Legal Proceedings

Proceedings were taken in connection with the following offences :

- (a) Sale of two meat pasties affected with mould. Fined £5.
- (b) Sale of an almond ring containing a nail. Fined £7 7s. 0d.
- (c) Sale of a loaf of bread containing a portion of a cigarette. Fined £15.

Other Action

The undermentioned samples were sent to the Public Analyst following complaints by purchasers :

- (1) Cooked sausage—found to contain a portion of a fly. A letter of warning was sent to the manufacturers by the Town Clerk.
- (2) Two samples of bread—found to be contaminated with oil. The matter was taken up with the baker concerned.
- (3) Vinegar—found to be infested with vinegar eel. A letter of warning was sent to the manufacturers by the Town Clerk.

Ice Cream (Heat Treatment, etc.) Regulations

Visits to premises where ice cream is manufactured or sold	203
Samples taken	31
Results of samples—Grade I	25
Grade II	3
Grade III	1
Grade IV	2

JOHN D. KERSHAW, M.D., D.P.H.,

*Medical Officer of Health
of the Borough of Colchester.*

PUBLIC HEALTH DEPARTMENT,
TRINITY STREET.

